Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1/27/2010</u>	Address:	410 Lincolnway, Apt 1 & 5
Case #:	<u>13F74890</u>		Laporte, Indiana
County:	Laporte		46350
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Yes Ze No No *If yes, fax re This repor Fire Depart Health Dep	er age 18 discovered (check one) ero (number present) eport to Child Protective Services t is to be faxed to the following agen ement: Laporte City eartment: Laporte Health	∑ Ephedrin ☐ Retail/M ☐ Other:	ocation: 324-5313 325-8628
Child Protection Service: For further information regarding this methamphetamine laboratory, contact Investigating Officer: TRP Dan Tschida- ISP Phone 1-219-696-6242			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.